

The Commonwealth of Massachusetts  
Division of Professional Licensure  
1000 Washington Street Suite 710  
Boston, MA 02118-6100  
Board of Registration of Cosmetology and Barbering  
[www.mass.gov/dpl/boards](http://www.mass.gov/dpl/boards)  
617-727-9940

## **Cosmetology Salon Opening Guidelines**

### **What type of salon should I apply for?**

**Type 1** – Is for a cosmetology full service salon which offers hair, skin and nail services. This type of salon must employ a type 1 manager

**Type 2** – (Renter) Is a single person who rents space/chair in a type 4 salon. To be eligible for this type of license, you must have a manager level license (type 1 or type 6)

***Please see attached Booth Renter's Guide***

**Type 3** – Is for a manicuring shop only (must be type 1 or type 3)

**Type 4** – (Owner of entire space) Is for a person who owns a salon and rents space/chair to other licensees who are independent contractors. All Booth Rental Salons (type 4) must have a single manager level licensee; **no other employees** may practice at this type of salon

**Type 5** – Is for an aesthetic salon which can offer services such as facials and waxing. This type of salon must employ a type 6 or type 1 manager

**\*If you rent space **and** employ licensees, you must hold both levels of licensure (type 1 for employee; type 4 for renter)**

**\*For booth shops: Remove below statement in accordance with new requirement**

If you want to rent space in a salon you must have at least a Type 1 (cosmetologist), Type 6 (aesthetician), or Type 3 (manicuring) personal license. Type 2 (operator) and Type 7 (aesthetician) licensees may not work in or otherwise rent a booth shop.

*If the Booth Renters (Type 4) License is not current then an application for a Booth Shop (Type 2) license will be denied. Please enclose a copy of the Type 4 license.*

***When a salon offers both manicuring and waxing, a type 5 and type 3 are required (two shop applications)***

## **IMPORTANT INFORMATION FOR ALL SALON APPLICANTS**

\* Your shop license DOES NOT cover your personal license. The shop license only covers the salon. Licenses are not transferable.

### **Summary of major policies which apply to salon applications:**

#### **Policy No. 06-01**

Salons cannot use names incorrectly suggesting the salon provides healing or medical benefits. Names such as “healing”, “medical”, “med”, “clinical” or “wellness” are prohibited.

#### **Policy No. 06-02**

Salon names using ethnic, gender, or age specific terms may violate Massachusetts law and may be rejected or delay processing of an application.

#### **Policy No. 06-03**

Salons are prohibited from providing non-cosmetology services that may endanger public health or safety:

1. Medical services, eyelash tinting, teeth whitening, use of cutting blades, and other such services may not be provided anywhere within a cosmetology salon. Applications with such services on them shall be denied.
2. Permanent makeup, electrology, tattooing, acupuncture, massage, and tanning machines may be utilized in separate, distinct areas identified on the floor plan.
3. Salons may be located in other businesses if independently owned, operated, and separate from those businesses. Such circumstances must be clearly documented on the application for Board review.

#### **Bathrooms**

In general, bathrooms must be within the confines of the salon on the same floor the salon is located. However, if core facilities are on the same floor as the salon and are within 300 feet of the salon, those facilities can be identified on the floor plan and used for purposes of 240 CMR. The salon owner/manager will remain responsible for ensuring those facilities remain safe and sanitary.

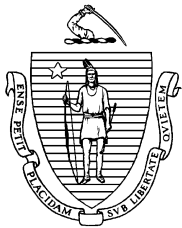
All shops require additional sinks that must be located outside the bathroom. Please refer to regulations for the quantity of sinks based on your salon type.

# Salon Application Check List

Please use this check list to ensure your application is complete  
**Incomplete applications will be returned**

Your application must include:

- **2 copies** of a floor plan must include the entire layout of the salon (8.5" X 11" Only). Please see instructions (Applicant **must** retain a copy of floor plan which must be maintained on the premises)
- Original completed application
- Money order or check for \$136.00 made payable to: Commonwealth of Massachusetts. **\*Application fees are non-refundable\*** all money orders must be **signed** and dated
- Copy of price list stating all services being provided
- 2x2 photo of each owner
- Copy of each owners drivers license or photo ID
- Copy of each owners signed social security card
- Copy of **cosmetology managers** (if not owner) drivers license or photo ID *and* current **Cosmetology license**
- Copy of all employees cosmetology licenses
- Business Certificate from the city or town where salon is located
- A Completed 'plumbing and electrical' work form if work has been done. If no work has been done, the "no work required" form must be completed by applicant
- If business is incorporated, submit a copy of the Articles of Incorporation, if partnership or LLP, a copy of partnership agreement, for LLCs, submit a copy of Certificate of Organization
- If business is organized or incorporated, submit a copy of a certificate showing foreign registration with the Massachusetts Secretary of State's Office
- If an existing salon was purchased submit a copy of the Purchase and Sales agreement
- **Applications will only be held for 30 days**



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**BOARD USE ONLY**

Investigator: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Received By: \_\_\_\_\_

License Number: \_\_\_\_\_

Type Class: \_\_\_\_\_

Please attach one recent  
2"X 2"

passport photograph here

**Cosmetology New Shop Application**

**Type of Shop applying for** (See rules and regulations for full descriptions of type classes):

☐ **New Shop** (Anticipated opening date: \_\_\_\_\_) ☐ **Change of Salon Type:** ☐ **Additional License**

☐ Type 1 - Cosmetology (full service salon)

☐ Type 2 - Booth Shop (**renting a space in a salon**, application should be completed in your name/DBA)

☐ Type 3 - Manicure Only

☐ Type 4 - Booth Renter (owner of entire salon)

☐ Type 5 - Aesthetic Salon Only

☐ Change of Owner (was previously a salon):

Is previous owner's license attached? Yes No

If no, list the name and license # of the previous owner: \_\_\_\_\_

*Below to be answered and signed by person requesting license:*

**Name of Applicant:** \_\_\_\_\_  
(see guidelines) Last First Middle

**Name, License number and expiration date of Manager:** (Type 1, Type 6 or Type 3)

\_\_\_\_\_

**Address of Salon:** \_\_\_\_\_  
No. Street P.O. Box  
City/Town State Zip Code

**Salon Name:** \_\_\_\_\_

**Telephone Number-Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_

**Location of Shop:**

☐ Store ☐ Residence ☐ Office Building ☐ Mall/Plaza name \_\_\_\_\_

**Business Structure of Salon:**

☐ **Individually Owned**

☐ **Partnership** or LLP - List the partners: \_\_\_\_\_

*Note: If salon owned by a partnership be sure to have all partners sign below and attach the Partnership agreement.*

☐ **Corporation** – Name of Corporation: \_\_\_\_\_ Name of Officer signing application: \_\_\_\_\_  
Position held by Officer: \_\_\_\_\_

*Note: If salon owned by a corporation be sure to have the officer attach the articles of incorporation*

☐ **LLC** – Name of LLC: \_\_\_\_\_

Name of Manager/Member signing application: \_\_\_\_\_

*Note: If salon owned by an LLC be sure to have the member/manager attach the articles of organization*

**Social Security:** \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? **No:** ☐ **Yes:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? **No:** ☐ **Yes:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? **No:** ☐ **Yes:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? **No:** ☐ **Yes:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? **No:** ☐ **Yes:** ☐ If yes, a notarize letter must be submitted with this application. The letter should contain an explanation and description of incident.

**Salon owner or manager must notify the Board of Registration of Cosmetology, thirty days prior with a new shop application, of any change in ownership or location. Shop licenses are not transferable. No business of any kind shall be conducted in any approved salon other than the practice of Beauty Culture or the sale of Cosmetics. (this statement can be confusing and looks to contradict policy 06-03 #2)**

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Cosmetology to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c. 62C, §49A., to the best of my knowledge and belief, I and/or the business entity I represent have filed all state tax returns and paid all state taxes required by law. I further agree that I am responsible for ensuring that the actions of the above referenced salon will adhere to all applicable Massachusetts laws and regulations pertaining to the practice of cosmetology. Note, for partnerships, partners not named above as the applicant must also sign below, in signing, they agree that the named applicant may represent all partners with regards to any Board business.

\_\_\_\_\_  
**Signature of Applicant**

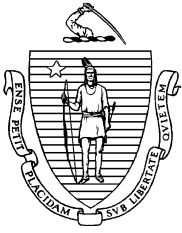
\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Manager & License number**

\_\_\_\_\_  
Date



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## Plumbing Inspection Form

**INSTRUCTIONS:** This form should be completed only if plumbing work has been done in the salon after purchase.

Date: \_\_\_\_\_

This is to certify that I am a **Plumbing** Inspector for \_\_\_\_\_, and that the plumbing alterations or  
installations for : *Name of city or town*

\_\_\_\_\_  
*Name of Salon Applicant*

\_\_\_\_\_  
*Street Number*

\_\_\_\_\_  
*Street Name*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

is in accordance with the specifications of the state plumbing code found at 248 CMR,

Name of Plumbing Contractor \_\_\_\_\_

License # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City/Town*

Signed: \_\_\_\_\_  
*Plumbing Inspector License # Exp. Date*



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## Electrical Inspection Form

**INSTRUCTIONS:** This form should be completed only if electrical work has been done in the salon after purchase.

Date: \_\_\_\_\_

This is to certify that I am an **Electrical** Inspector for \_\_\_\_\_, and that the electrical alterations or  
installations for:  
*Name of city or town*

\_\_\_\_\_  
*Name of Salon Applicant*

\_\_\_\_\_  
*Street Number*

\_\_\_\_\_  
*Street Name*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

is in accordance with the specifications of the state electrical code found at 527 CMR,

\_\_\_\_\_  
*Name of City or Town Where Shop is Located*

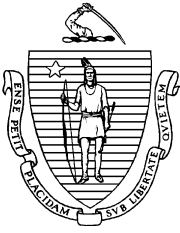
Name of Electrical Contractor \_\_\_\_\_

License # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Address \_\_\_\_\_  
*No. Street City/Town*

Signed: \_\_\_\_\_  
*Electrical Inspector License # Exp. Date*



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**INSTRUCTIONS:** This form should be completed only if no plumbing and/or no electrical work has been done in the salon after purchase.

### **No Work Required Form**

Circle all that apply:

No Plumbing work done

No Electrical work done

Date: \_\_\_\_\_

**This is to certify that all electrical and/or plumbing work on these premises complies with the rules and regulations of state electrical and plumbing codes. There have been no changes in electrical and or plumbing. No changes will take place without first notifying the Board of Registration of Cosmetology and proper forms are obtained and completed.**

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**NAME OF SALON**

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**NAME OF SALON APPLICANT**

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**ADDRESS OF SALON**

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**TELEPHONE NUMBER**

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**SIGNATURE OF SALON APPLICANT**